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Brief
to the
Royal Commission Enquiry
into
The Workmen's Compensation Act.

Submitted by
The Board of Regents, The Chiropody Act (1944),
Province of Ontario.
1 Queen's Drive,
Weston, Ontario.
September 12, 1966.

INTRODUCTION

1. We apologize for the delay in submitting this brief as we were unaware of the Enquiry being established. Consequently, we have been unable to do a complete study of the Workmen's Compensation Act, however, we will present a succinct background study of our profession as to training and qualifications, inter-professional relationships, etc., to better acquaint the Enquiry with our profession, and also include a few recommendations regarding the Act.
2. The Board of Regents under The Chiropody Act, 1944, of the Province of Ontario regulates the practice of podiatry in Ontario.
3. Podiatry is "that specialty of medical practice which includes the diagnosis and/or the medical, surgical, mechanical, physical and adjunctive treatment of the diseases, injuries and defects of the human foot."

TRAINING AND QUALIFICATIONS

4. The Ontario Board of Regents, The Chiropody Act, 1944 which governs the practice of podiatry in Ontario, presently recognizes five colleges, all located in the United States. These colleges are also approved by the "Council on Education" of the "Canadian Podiatry Association". The colleges, including their curriculum, staff, standard of teaching and physical facilities must be approved and, for such purposes, are periodically examined by the Ontario Board.

In addition, graduates of these approved colleges, before being licensed to practice in Ontario, must pass the examination set by the Ontario Board. In addition to Ontario Board approval, it might be noted the "Council on Education" of the "American Podiatry Association" is charged with the accrediting of the institutions in the United States. This is an agency recognized as such by the "Office of Education" of the U.S. Department of Health, Education, Welfare, and the colleges are listed in the Higher

Education Directory, Part 111, published by this agency for the U.S. Government.

The entrance requirements of the approved colleges are two years pre-professional college study in English, chemistry, physics, biology, etc. Grade thirteen in Ontario is accepted as equivalent to the first year of college. The professional course consists of four years, totalling approximately 4500 hours, of which 3000 are didactic and 1500 are clinical. These approximate hours are divided as follows: The basic science subjects, as taught to all the healing arts, including:

Anatomy, Physiology, Pathology, Microbiology & Chemistry	- 1,100 hrs.
Pharmacy	- 200 hrs.
Surgery	- 300 hrs.
Medicine	- 600 hrs.

The specialized podiatric subjects, both clinical and didactic and including such subjects as Excrescences, Neoplasms, Infections, Allergies, Morbid Pathology (osseous and soft tissue) Deformities and Traumas, Mechanical Orthopaedics and Clinic

	- 2,300 hrs.
Total	- 4,500 hrs.

All medical and basic science departments are headed, and in the main, taught by medical teachers attached to medical colleges, or medical specialists in private practice. Where the teacher in a medical or basic science subject is not a medical man he is a recognized scientist specializing in that particular field. The specialized podiatric subjects are headed and taught by podiatric teachers. On completion of the professional course, the student receives the degree "Doctor of Podiatry" or equivalent degree, and is eligible to sit for provincial examinations. Podiatry, in both scope of practice and training, is more

akin to Dentistry than to any of the other associated medical arts in that neither is, nor can be, limited to purely palliative treatment. It is therefore of interest to note that in each case the pre-requisite requirements and professional training are the same, viz., one year pre-professional education after grade thirteen and four years professional training. To demonstrate the respective extent of background medical training, the following comparative table of similar subject matter (other than the respective specialized courses) will be of further interest, namely:

	Podiatry	1964-1965 U. of Toronto Dentistry
BASIC SCIENCES	1100	973
Pharmacy	200	68
Surgery & Anesthesia	300	163
Medicine	600	218

THE GROWTH OF PODIATRY

5. While the Chiropodist of fifty years ago lacked specialized training, today the Podiatrist must have the equivalent of Ontario Grade XIII standing plus one year of university followed by four years of specialized podiatric training.

In accordance with the thinking of his times, the Podiatrist of fifty years ago blamed most foot problems on shoes and treated his patients by palliative means, shoe paddings and wedging, metatarsal bars and "arch supports". However, his specialized interest soon led him to realize the majority of these conditions were symptoms of an underlying cause. It became obvious that the methods in use were not sufficient to cope with the needs and requirements of the public for adequate foot health care.

This led to intensified study and research, coupled, (as has occurred in all other professional fields), with the necessary extension in training the student in the podiatric field of diagnosis, medicine and surgery, so that today, foot problems, which even only a few years ago were considered intractable, now respond to these new methods of treatment.

With the emphasis on foot rehabilitation and not the merely palliative, podiatric care now includes the parenteral employment of a wide variety of pharmaceuticals, soft tissue and osseous surgical procedures, physio-medical modalities and unique foot prostheses.

INTER-PROFESSIONAL RELATIONSHIPS

6. The relationship between podiatry and medicine is, in general, very good, with no real conflict of interests. As the editorial in the Canadian Medical Association Journal puts it, the Podiatrist is a "...trained professional man with professional and ethical standards like our own...", and that he "...specializes as does the dentist in a limited field of the body outside of which he does not venture". Dr. McDermott in stating the "Podiatrist ... of fifty years ago was not a highly trained man ..." refers to the then medical man's "suspicion". Dr. McDermott adds: "This feeling of derogation still unfortunately exists to some degree in the minds of too many medical men. It is only when one sees the high degree of scientific attainments of the present day practice of Podiatry that one sees how completely unfair and unjustified it is. One sees now a highly trained man, ethical and professional in his outlook, to whom specialists in orthopaedics, who surely should know what they are doing, refer their patients constantly for consultation and treatment, in the care of those of our patients who suffer from diseases of the foot".



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Physicians who are associated with Podiatrists in hospital clinics as well as those who, in private practice refer patients to Podiatrists and receive referrals from them are particularly familiar with Podiatry and recognize its value to the public health. However, it must be admitted that while there is a continuing and ever increasing communication between the two professions and the situation has improved immeasurably in the short period even since Dr. McDermott wrote his article, a large number of physicians still do not have the experience and association. A major reason, of course, is the comparatively few Podiatrists in relation to the number of Physicians practicing in this Province.

FREEDOM OF CHOICE OF LICENSED PRACTITIONER

7. Attempts on the part of anyone to limit the workman, in any way, in his choice of licensed practitioner, are an unwarranted interference with the workmen's right of freedom to choose which licensed practitioner shall treat him. We, therefore, recommend that the "Act" be amended to establish clearly that the insured have the free choice of licensed practitioner.

DETERMINATION OF PROFESSIONAL FEES

8. Physiotherapeutic modalities, and the use of certain splinting materials and devices, etc., are frequently an integral part of a podiatric office and when a workman presents himself for treatment these measures are immediately carried out for relief of pain and disability. In order to have these additional therapeutic services paid for, prior authorization to use them is required from the Board. It is not always possible to receive immediate authorization and if finally the Board denies payment while therapy has been continuing the practitioner cannot claim payment from the workman for services rendered.

9. We, therefore, recommend that the Act be amended:

To allow a licensed practitioner to bill a workman directly and that the Board reimburse the workman according to their schedule of fees.

SUMMARY

I A brief history of podiatry as to growth, training and qualifications, and inter-professional relationships has been related to allay any misunderstandings regarding the professional skill and competence of podiatrists. (ref. para. 4-5-6)

RECOMMENDATION

II That the Act be amended to establish clearly that the insured have the free choice of licensed practitioner. (ref. para. 7)

RECOMMENDATION

III That the Act be amended to allow a licensed practitioner to bill a workman directly and that the Board reimburse the workman according their schedule of fees. (ref. para. 8-9)

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